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ABSTRACT

This paper describes the family-theme group, a group approach to working with schizophrenics based on the assumptions that: (1) family dynamics are important variables in the development and maintenance of schizophrenia: (2) schizophrenic families have numerous maladaptive qualities not present in normal families: and (3) hospitalization of schizophrenics further exacerbates family dysfunctions and pathological dependence. The family-theme group is presented as a social-learning forum through which familial and systems interventions can be made. The social skills training techniques are explained, including role play and assertiveness training. Demographics of group members and group size and structure are reviewed. The structure of individual group sessions is described, beginning with the presentation of a theme with questions designed to clarify the issues and lead members toward identification of problems: a list of sample questions is also given. The process of the theme-centered assessment and skills-training format is discussed, and variations from this format to accomodate new group members or old members with life crises are described. The family-theme group is presented as an effective method for maintaining schizophrenic clients in the community. (NRB)

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FAMILY THEME GROUP:
Networking Skills, the Family and Beyond

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Family Theme Group:
Networking Skills, The Family and Beyond

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Family dynamics, interactions, and communications have long been believed to be one of the important influential variables in the development and maintenance of schizophrenic pathology. For example, Bateson, Jackson, Haley, and Weakland (1956) have focussed on the double-bind and other conflicted communications whereas Bowen (1978) has concentrated on the lack of differentiation within the family. Haley's (1978) work has emphasized the patterns of communication, the subsystems, the boundaries, the power balance, and the patterns of alliances and coalitions in the family. In fact, theorists, researchers, and therapists have found that schizophrenic families can be characterized as having numerous maladaptive qualities that are not present in normal families (e.g. conflicted communication, excessive dependence, lack of separation, etc.). Haley (1972) has stated that " a transition would seem to have taken place in the study of schizophrenics: From the early idea that the difficulty in the families was caused by the schizophrenic member, to the idea that they contained a pathogenic mother, to the discovery that the father was inadequate, to the current emphasis upon all three family members involved in a pathological system of interaction." Furthermore, it has been shown

that schizophrenic families often perpetuate or maintain the patient's symptoms to the extent that they serve a function within the family structure (Beers, 1976; Haley, 1978).

In addition to the above factors, many of our schizophrenic clients have experienced either repeated or long-term hospitalizations that have further exacerbated their family dysfunctions. The passivity, dependence, and helplessness that is often learned in the hospital through the process of institutionalization (Slipp, 1974) only serves to further strengthen the already pathological dependence that these clients have on their families. In addition, repeated hospitalizations often cause increased anger, frustration, and intolerance in the family members at times when the patient is likely to expect their help and support most. The abrupt transition to community living for most of these clients therefore necessitates familial intervention of one form or another, if the revolving-door syndrome is to be avoided. (Brown, Birley, & Wing, 1972)

Now let me turn to a more specific description of our clients. Based on recent data, the mean age of clients in our program is 32 years, with a range of 21 to 50, and the mean number of hospitalizations per client is 5.5 with length of stay ranging from 2 weeks to 20 years. Almost ninety percent are diagnosed as schizophrenic, with the remaining amount

including manic-depressives, character disorders, and various forms of borderline pathology. It should be noted that although the mean age of our clients is 32, seventy five percent are still single and thirty-three percent still live with their families of origin. Although forty-five percent live in community residences, and twenty-two percent live alone, most all clients, or more than eighty percent, have very frequent personal contact with their families of origin. Only ten percent suffer from the opposite extreme of total, or near total, isolation from family members. Almost fifty percent come from broken homes, and almost an equal number have clearly diagnosable psychopathology within the family of origin. Further demonstrating the degree of family involvement in these clients is the fact that over ninety percent reported having at least one family member among the three most important people in their network.

Almost without exception, the rehabilitation of the chronic schizophrenic in the community has therefore necessitated the integration of the family, or at least familial issues, into the treatment (Beers, 1976). Family therapy has traditionally been a major component of treatment with these clients, at least toward the primary purpose of symptom improvement (Haley, 1976).

However, often our clients, or their families, have

resisted this form of continuous involvement. Furthermore, when issues of separation and independence are the primary targets for change, minimal use of the family itself in treatment can sometimes prove to be more advantageous. In other cases, family-issue treatment within the group framework is best coordinated with traditional family therapy that is either ongoing, or time-limited. In either case, working with schizophrenics within a family-theme group can provide distinct treatment effects. Clients learn that they do not necessarily need other family members present to resolve their problems and that they can begin to replace family overinvolvement and pathological interaction with appropriate integration into the community.

The family-theme group was therefore conceived to provide these clients with a social-learning forum through which necessary and effective familial and systems interventions could be made. Yalom (1970) has stated that group treatment is unique in its capacity to evoke quasi-family behavior. This has been found specifically in task groups with schizophrenics(Steiner, 1974), and when a co-therapist is used (Rosenbaum, 1971). The group modality has the additional advantage of providing a substitute support system or "transitional family for schizophrenics" that can be used in place of uninvolved or pathological families (Steiner, 1974). The development of shared perceptions and affective ties (DeLamaker, 1974) along with feelings of

both affiliation and togetherness provide these clients with a definite sense of cohesiveness and support through which familial and social learning can be most effectively accomplished (Yalom, 1970).

The social skills training techniques used in the family them group are based largely upon social learning theory (Hersen & Eisler, 1976) and in this sense are exemplary of our program's educational-behavioral-social systems model for rehabilitation. The use of these interventions is based on the assumptions that schizophrenics manifest both skills deficits and skills inhibitions, (Hersen & Luber, 1977). The techniques used in this training have been highly researched (Wallace et. al. 1980) and have been found to be largely effective in creating both cognitive and behavioral changes. In general, the group combines role-playing and assertiveness training (Hersen & Luber, 1977) with the use of instructions modeling behavior rehearsal, feedback, and practice, along with the use of regular homework assignments (Hersen, Eisler & Miller, 1973). Since certain family interaction patterns have been shown to increase the probability of relapse in schizophrenics (Vaughn & Leff, 1976), and since these patients often lack the skills to cope with stressful interpersonal interactions (Wallace et. al., 1980), the integration of skills training in the family theme group is therefore essential.

The group itself typically includes 8-10 clients for the Social Learning Program and 4-5 clients when it is done in the Day Hospital. The group lasts approximately one hour and is structured each week by themes pertaining to either specific family members and activities (e.g. mothers, fathers, holidays, and recreation) or by themes more directly related to family systems theory (e.g. power in the family, parents relationships, and labels in the family). (See Appendix 1 for examples). Groups are begun by presentation of the current theme with a short list of specific questions designed to clarify the particular issue and structure the members toward the identification of particular problems. For example, assessment regarding the theme of separation utilizes several sets of questions, one of which includes the following:

1. When did you first leave home?
2. What was going on in your family at the time?
3. How did you reach this decision?
4. After you left, how did your parent's behavior change?
5. How did your behavior change?
6. Did you feel that your parents continued to attempt to control your life?
7. Were they successful?

Or

1. If you haven't left home, what is preventing you?
2. When and how do you plan to work toward it?

Based on the group's discussion of answers, the chief problem areas for each client are delineated by the use of feedback from both members and therapists. The group then begins to identify the required changes in behavior through problem-solving techniques. Over the next few weeks the group shifts its focus to a variety of skills training techniques as relevant to the deficits evidenced. Role-playing is used extensively along with instructions, modeling, and behavior rehearsal. Traditional forms of assertion training, communication training, and interpersonal skills training often must be supplemented by various forms of cognitive restructuring (Goldfied & Davidson, 1976) in order to overcome resistances andalter faulty belief systems. Homework is regularly assigned in the form of practice with other clients or as direct tasks and interactions to be carried out with family members or other people within the client's network. Often, clients are encouraged to work together toward solutions in order to further develop mutual support systems outside that of family. Assignments are followed up at the next session in order to assess generalization from the group training to the home environment.

There are two occasional variations from the theme-centered assessment and skills-training format that are important for the group's continuity and effectiveness. First, when a new client enters the group, the current topic is put aside in

order for the group members to help the new client develop and present his or her family genogram. In the next session, the older members review their own family structures, dynamics, and problems in an effort to help the new client present his or her own family problems in the more relaxed and less threatening atmosphere of identification and commonality. The new member is then usually ready to join with the group in the discussion of specific themes and in the simpler forms of skill training. The second variation occurs when an individual member is either anticipating,or involved in, a family or life crisis such as a parental threat to hospitalize the client or the death of a mother or father. When this occurs, the therapists attempt to mobilize the group's support and problem solving skills so that the individual in need leaves the session feeling more relaxed and in more control of the situation.

In summary, then, we view the family theme group as one of the most integral skills-training groups in our program. Maintaining these clients in the community is often an extremely difficult and challenging task, and in our experience, the family theme group provides an efficient and effective modality by which the necessary systems intervention can be accomplished.

APPENDIX 1

"Power in the Family"

1. What does power mean in your family?
2. How is power used?
3. When do you feel the power or lack of power?
4. What price do you pay for your power?
5. What price do pay for powerlessness?
6. What price do others pay for being powerful or powerless?

1. How did your father show yousupport?
2. How could he have been more supportive?
3. How did your father show support to others in your family?
4. Would you like more or less support from him now?

Mothers

1. What do you like best about her?
2. How are you like her?
3. How adoes she show you support?
4. How does she show others support?

FATHERS

1. How would you describe your father?
2. How are you like him? How are you different?
3. What special things did you learn from him?
4. Who in your family was most like him?
5. Who in the family was closest to him?

1. How did you get your name?
2. Who lives closest to you?
3. Who do you feel closest to? Why?
4. Who do you not know in your family? Why do you think that is?
5. Who are the in groups and who are the out groups in your family?
6. Who is (are) the most powerful and who is (are) the weakest in your family?
7. Who are you most like, act like?

1. When you left home, how did your parents behavior change? Your siblings?
2. How did your behavior change?

Parents Relationships?

1. How did your parents have fun together?
2. What did you know about your parents sexual relationship?
3. Did they show affection to each other?
4. How did they socialize together?
5. How did they settle disagreements; argue or discuss?

1. How could your family have been more supportive?
2. Were they supportive to each other?
3. What would you like from them now, more support or less?

1. What did your family expect you to do with your life?
2. Did you want to do it? or something else?
3. What did your family expect from themselves? Did they do it? Did they enjoy doing it if they did?
4. What do you want to do with your life?
5. What do you think your family thinks about it?

Holidays

1. What does the whole family do during the holidays? When you were a child? Now?

-continued-

2. What would you like to have happen on a holiday? When you were a child? Now?

3. Who are you going to spend the holidays with on Christmas? New Year's?

4. Who will be missing?

5. Do you want to do anything about it?

1. Are you going to spend the holidays with the family? or not?

2. Are you happy with the arrangements?

3. How are the arrangements made?

4. How do you tell them your preferences?

1. Did the holidays go as you expected with your family?

2. What happened that you expected? What happened that you did not expect?

3. How could you have changed it?

4. Is there anything you can do over the next year?

Saying What You Mean Effectively

1. How do you get your way without telling someone you disagree; or withour getting resolution? (e.g. walking out, lying, yessing)

-continued-

2. When you don't get your way, what price do you pay? How do you feel towards the other person?

3. What happened when you got your way but the other person was not in agreement? What price did you pay?

1. When you left home, how did your parents behavior change?

2. How did your parents relationship change?

3. Did you ever feel that your parents wanted to control your life?

4. Why do you think they do it?

5. Do they get anything out of it?

6. Are they able to control your life?

7. How do they do it?

8. How do they fail?

9. How can you (have you) tried to prevent them?

10. Has it worked?

11. What new things would you like to try and haven't? Why?

Labels

1. What label did you have in your family?

2. How did you get that label?

3. Does anyone else have that label?

-continued-

4. What advantages do you gain from the label?

5. How should you behave to maintain that label?

6. How should you behave to overcome that label?

1. What did your family do together?

2. How often? Who would go? Who would not?

3. What would you have liked to have done? Was it done? How often?

4. Do you still do things with your family? What

5. Do you still enjoy doing the things you did with your family with others?

6. Did you do things with individuals in your family (your mom. dad, brothers or sisters)? or other special relatives or friends?

1. When did you first leave home?

2. What was going on with your life?

3. How did your siblings (brothers and sisters) feel about it?

4. How do you think your parents feel about it?

5. How did you feel about it?

6. How would you do it differently now?

7. If you haven't left home, what is preventing you? How do you plan to do it?

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